STATE MEDICAID DUR BOARD MEETING

THURSDAY, October 14, 2010
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114

MINUTES

Board Members Present:

Neal Catalano, R.Ph.
Tony Dalpiaz, PharmD.
Brad Hare, M.D.
Bradley Pace, PA-C
Joseph Yau, M.D.
Kathy Goodfellow, R.Ph.
George Hamblin, R.Ph.
Wilhelm Lehmann, M.D.
Cris Cowley, M.D.

Board Members Excused

Mark Balk, PharmD.
Joseph Miner, M.D.
Peter Knudson, D.D.S.

Dept. of Health/Div. of Health Care Financing Staff Present:

Tim Morley, R.Ph.
Richard Sorenson, R.N.
Merelyn Berrett, R.N.
Heather Santacruz, R.N.
Lisa Hulbert, R.Ph.
Jennifer Zeleny, CPhT., MPH
Marisha Kissel, R.N.
Robyn Seely, PharmD.

Other Individuals Present:

Michael Shoenfeld, Eli Lilly
Sabrina Aery, BMS
Damon Cox, Merz
John Stockton, Genentech
Scott Clegg, Eli Lilly
Lori Howarth, Bayer

Meeting conducted by: Wilhelm Lehmann, M.D.

1 Review and Approval of Minutes: Neal Catalano moved to approve the minutes. Dr. Hare seconded the motion. The minutes were approved unanimously by George Hamblin, Kathy Goodfellow, Dr. Hare, Dr. Yau, Dr. Lehmann, Neal Catalano, Brad Pace, Dr. Dalpiaz, and Dr. Cowley.

2 P&T Committee Update: Lisa Hulbert addressed the Board. The P&T Committee met last month to consider statins. The P&T Committee will be considering some smaller classes in the future.

3 Xolair: Lisa Hulbert addressed the Board and presented evidence prepared by Utah Medicaid in support of moving payment of Xolair exclusively to the medical side, and controlling access to it by PA. It is a high-cost item that is not indicated as first-line therapy, and administration carries a risk of anaphylaxis with it.

The DUR Board asked if they can restrict the use of medications to office-based use. Tim and Jennifer stated that the Board can and has restricted use of physician-administered drugs to offices and required a PA on the J-code. Medicaid considers these requests on a case-by-case basis.

Neal did not see another way to administer this drug outside of the physician's office, because the anaphylaxis could occur at any point in therapy. The Board members also felt that a PA was necessary to prevent first-line use.

The Board reviewed proposed PA criteria. The criteria proposed were accepted, but the Board did not feel that it was necessary to restrict use to specialty physicians. Some family practitioners are well-versed in treatment of asthma and could feel comfortable getting a patient to the point of needing Xolair. Additionally, a sub-specialty practitioner could refer a patient back to their internist for Xolair treatment after making a diagnosis in their office. The real safety concern is whether or not a physician is capable of handling anaphylaxis in their office, and most general physicians are.

Neal Catalano moved to accept the criteria as proposed, with the exception of removing references to specialty physicians. Brad Hare seconded the motion. The motion was approved unanimously by George Hamblin, Kathy Goodfellow, Dr. Hare, Dr. Yau, Dr. Lehmann, Neal Catalano, Brad Pace, Dr. Dalpiaz, and Dr. Cowley.

4 Housekeeping: New Medicaid employee Robyn Seely, PharmD., and new Board member George Hamblin were introduced to the Board. Board members introduced themselves as well.

5 Cambia: Robyn Seely addressed the Board. Robyn presented research on Cambia that was prepared by Utah Medicaid and proposed PA criteria.

The Board questioned the need for a PA, given the cost of the drug. However, Medicaid did not want the drug being used for every muscle ache, considering its indication and the fact that it costs more than generic diclofenac.

Neal moved to limit the quantity to 9 per month to prevent excessive use. Kathy Goodfellow seconded the motion. The motion was approved unanimously by George Hamblin, Kathy Goodfellow, Dr. Hare, Dr. Yau, Dr. Lehmann, Neal Catalano, Brad Pace, Dr. Dalpiaz, and Dr. Cowley.

6 Forteo: Robyn Seely addressed the Board and presented a review of Forteo prepared by Utah Medicaid. Proposed Prior Authorization criteria were presented to the Board.

Dr. Michael Schoenfeld of Eli Lilly addressed the Board. He provided updates on the indications of Forteo, and new evidence that had been introduced recently on osteoporosis. He suggested that a PA not be placed on Forteo.

The Board asked if there was evidence for use under the age of 65. Dr. Schoenfeld stated

that there are many risk factors that define "high risk" of which age is only one. The drug is indicated for use in age under 65; the glucocorticoid study included individuals as young as age 25. They did have to make sure that the young people had closed epiphyses.

The Board asked about intermittent therapy. There have been studies cycling through Forteo and anabolics, but fracture was not an endpoint in the study.

The Board asked where to go for patients who have been on for two years? Should patients cycle or continue use? The FDA and label will not allow for use greater than two years.

The Board felt that the age over 65 should be removed from the PA criteria. Additionally, diagnosis requirements should be taken from Item 3 in the write up. Authorization period should be 24 months with no reauthorization criteria. Non-covered uses should be removed from the PA criteria. George Hamblin moved to accept the PA criteria with the proposed amendments. Kathy Goodfellow seconded the motion. The motion was approved unanimously by George Hamblin, Kathy Goodfellow, Dr. Hare, Dr. Yau, Dr. Lehmann, Neal Catalano, Brad Pace, Dr. Dalpiaz, and Dr. Cowley.

The next DUR Board meeting was scheduled for Thursday December 9, 2010. There will be no meeting in November due to the Veteran's Day holiday.

The DUR Board Prior Approval Subcommittee to considered 2 petitions this month. 2 were conditionally approved.

Minutes prepared by Jennifer Zeleny